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=> s nephrotoxicity or neuropathy or proteinuria or glomerular(w)filtration(w)rate  
L1 349451 NEPHROTOXICITY OR NEUROPATHY OR PROTEINURIA OR GLOMERULAR(W)  
FILTRATION(W) RATE

=> s estradiol(w)metabolite or 2-hydroxyestradiol or 2-methoxyestradiol or  
4-hydroxyestradiol or 4-methoxyestradiol  
L2 4559 ESTRADIOL(W) METABOLITE OR 2-HYDROXYESTRADIOL OR 2-METHOXYESTRAD  
IOL OR 4-HYDROXYESTRADIOL OR 4-METHOXYESTRADIOL

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L3 51 L1 AND L2

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ANSWERS '7-12' FROM FILE BIOSIS  
ANSWERS '13-45' FROM FILE EMBASE

=> d ti au abs so py 1-8

L4 ANSWER 1 OF 45 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 1  
TI Estradiol Metabolites Attenuate Renal and  
Cardiovascular Injury Induced by Chronic Nitric Oxide Synthase Inhibition  
AU Tofovic, Stevan P.; Salah, Eman M.; Dubey, Raghvendra K.; Melhem, Mona F.;  
Jackson, Edwin K.  
AB Our previous studies in rodent models of nephropathy demonstrate that  
2-hydroxyestradiol (2HE), an estradiol  
metabolite with little estrogenic activity, exerts reno-protective  
effects. In vivo, 2HE is readily converted to 2-  
methoxyestradiol (2ME), a major estradiol  
metabolite with no estrogenic activity. This study was to determine  
whether 2ME has renal and cardiovascular protective effects in vivo.  
First, the acute (90 min) and chronic (14 days) effects of 2ME (10  
µg/kg/h) on blood pressure and renal function were examined in  
normotensive and spontaneously hypertensive rats (SHR). Second, a rat  
model of cardiovascular and renal injury induced by chronic nitric oxide  
synthase inhibition (Nω-nitro-L-arginine; 40 mg/kg/d; LNNA group)  
was used to examine the protective effects of estradiol  
metabolites. Subsets of LNNA-treated rats were administered  
either 2HE or 2ME (10 µg/kg/h via osmotic minipump); LNNA+2ME and

LNNA+2HE groups, resp. 2-Methoxyestradiol had no acute or chronic effects on blood pressure or renal function in normotensive animals or on hypertension in SHR. Prolonged, 5-wk NOS inhibition induced severe cardiovascular and renal disease and high mortality (75%, LNNA group). 2ME, but not 2HE, significantly decreased elevated blood pressure and attenuated the reduction in GFR. 2HE delayed the onset of proteinuria, whereas no proteinuria was detected in the 2-ME group. 2HE and 2ME reduced mortality rate by 66% and 83%, resp. ( $P < 0.001$ ). In the kidney, 2HE and 2ME abolished LNNA-induced interstitial and glomerular inflammation, attenuated glomerular collagen IV synthesis, and inhibited glomerular and tubular cell proliferation. In the heart, 2HE and 2ME markedly reduced vascular and interstitial inflammation and reduced collagen synthesis and vascular/interstitial cell proliferation. Thus, in a model of severe cardiovascular and renal injury, 2-methoxyestradiol (a major nonestrogenic estradiol metabolite) exerts renal and cardiovascular protective effects and reduces mortality.

SO Journal of Cardiovascular Pharmacology (2005), 46(1), 25-35  
CODEN: JCPCDT; ISSN: 0160-2446  
PY 2005

L4 ANSWER 2 OF 45 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 2

TI 2-Hydroxyestradiol Attenuates Renal Disease in Chronic  
Puromycin Aminonucleoside Nephropathy

AU Tofovic, Stevan P.; Dubey, Raghendra; Salah, Eman M.; Jackson, Edwin K.

AB It has been previously shown that 2-hydroxyestradiol (2-OHE) attenuates the development of renal disease in genetic nephropathy associated with obesity and the metabolic syndrome. The purpose of this study was to test the hypothesis that 2-OHE, irrespectively of its effects on metabolic status and/or obesity, exerts direct renoprotective effects in rats in vivo. First, the effects of increasing doses of 2-OHE on mesangial cell growth, proliferation, and collagen synthesis in isolated rat glomerular mesangial cells were evaluated in vitro. Second, the effects of 12-wk administration of 2-OHE (10 µg/h/kg) on renal function and structure in chronic puromycin aminonucleoside (PAN)-induced nephropathy in rats were evaluated in vivo. 2-OHE concentration-dependently (0.001 to 1 M) inhibited serum (2.5%)-induced cell growth (3H-thymidine incorporation), collagen synthesis (3H-proline incorporation), and cell proliferation (cell number). Importantly, the inhibitory effects of 2-OHE (0.1 µM) were not blocked by ICI182780 (50 µM), an estrogen receptor antagonist. In vivo, chronic administration of PAN (75 mg/kg + 5 + 20 mg/kg) over 12 wk induced severe chronic renal disease. Chronic treatment with 2-OHE significantly attenuated PAN-induced decrease in glomerular filtration, reduced proteinuria, and the elevated BP, and it had no effect on PAN-induced increase in plasma cholesterol and triglycerides levels. 2-OHE had no effects on plasma testosterone levels in male nephropathic animals. Immunohistochem. staining for collagen IV and proliferating cell nuclear antigen (PCNA) in glomeruli and transforming growth factor-β (TGF-β) in renal tubular cells were significantly higher in PAN nephropathic rats vs. control animals with intact kidneys. PAN also markedly increased glomerular and interstitial macrophage infiltration (ED1+ cells). 2-OHE had no effects on renal tubular cell TGF-β, but it significantly reduced glomerular PCNA and collagen IV and glomerular and interstitial macrophage infiltration. In summary, this study provides the first evidence that 2-OHE exerts direct renoprotective effects in vivo. These effects are mediated by estrogen receptor-independent mechanisms and are due, at least in part, to the inhibition of some of the key proliferative mechanisms involved in glomerular remodeling and sclerosis.

SO Journal of the American Society of Nephrology (2002), 13(11), 2737-2747  
CODEN: JASNEU; ISSN: 1046-6673  
PY 2002

L4 ANSWER 3 OF 45 CAPLUS COPYRIGHT 2006 ACS on STN

TI Long acting injectable crystal formulations of estradiol  
 metabolites and methods of using same  
 IN Allison, S. Dean  
 AB The present invention provides sustained release formulations of  
 estradiol metabolites whereby the in vivo  
 pharmacokinetics are manipulated by a method selected from the group  
 consisting of chemical modification, crystal packing formation, particle size  
 or a combination thereof. Such compns. are useful in the long-term  
 treatment of a wide variety of diseases. For example, a 4% weight/volume  
 solution  
 of 2-methoxyestradiol (2ME) was prepared in a solvent  
 consisting of 9.2% THF, 61% methanol and 28% aqueous 6 M hydrochloric acid.  
 This solution was added dropwise to an equal volume of vigorously stirring  
 water. The resulting solid was isolated by suction filtration, washed  
 with water, and dried under vacuum. The resulting 2ME crystals were a  
 mixture of large, hollow prisms greater than 500  $\mu\text{m}$  in length by approx.  
 200  $\mu\text{m}$  width, and cubic particles, ranging from approx. 50  $\mu\text{m}$  down  
 to approx. 500 nm square. The broad particle size range was intended to  
 give a complex, biphasic pharmacokinetic profile upon injection.  
 SO PCT Int. Appl., 27 pp.  
 CODEN: PIXXD2  
 PY 2006

L4 ANSWER 4 OF 45 CAPLUS COPYRIGHT 2006 ACS on STN  
 TI Administration of estradiol metabolites for the  
 treatment of drug-induced nephrotoxicity and related conditions  
 IN Tofovic, Stevan P.; Dubey, Raghvendra K.; Jackson, Edwin K.  
 AB Methods and composition are provided for the treatment or prevention of  
 drug-induced nephrotoxicity and related conditions. More  
 particularly, this invention relates to compns. comprising  
 estradiol metabolites, and prodrugs thereof, that may be  
 incorporated in various controlled release formulations.  
 SO PCT Int. Appl., 30 pp.  
 CODEN: PIXXD2  
 PY 2004  
 2004  
 2004  
 2004

L4 ANSWER 5 OF 45 CAPLUS COPYRIGHT 2006 ACS on STN  
 TI Administration of estradiol metabolites for the  
 treatment or prevention of obesity, metabolic syndrome, diabetes, and  
 vascular and renal disorders  
 IN Jackson, Edwin K.; Tofovic, Stevan P.; Dubey, Raghvendra K.  
 AB Methods are provided for preventing or treating risk factors for  
 cardiovascular disease in an individual, comprising administering a  
 therapeutically effective amount of a composition comprising an estradiol  
 metabolite to said individual. Such risk factors include obesity,  
 the metabolic syndrome, diabetes mellitus, vascular disorders, and renal  
 disorders. Preferred estradiol metabolites include  
 2-methoxyestradiol, 4-  
 methoxyestradiol, 2-hydroxyestradiol, and  
 4-hydroxyestradiol or prodrugs thereof. The compns. may  
 also be in the form of a controlled release formulation. Methods are also  
 provided for use of estradiol metabolites to treat or  
 prevent insulin resistance, vascular endothelial dysfunction,  
 hyperlipidemia, hypertension, diabetic nephropathy, proteinuria  
 and reducing leptin levels. In addition, the methods provide a method of  
 stabilizing glucose levels. These treatments may be used in either gender  
 because of their lack of a feminizing estrogenic effect.  
 SO PCT Int. Appl., 51 pp.  
 CODEN: PIXXD2  
 PY 2003  
 2004

2003  
2003  
2006  
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2005  
2005

- L4 ANSWER 6 OF 45 CAPLUS COPYRIGHT 2006 ACS on STN  
TI Monofunctional and/or polyfunctional polylysine conjugates for treatment of neural disorders, autoimmune diseases, and proliferative diseases  
IN Geffard, Michel  
AB The use of polylysine for preparing pharmaceutical compns. or combinations useful for treating neural degeneration, infectious, traumatic and toxic neuropathies, auto-immune degenerative diseases and proliferative diseases, is disclosed. Polylysine conjugates are also disclosed.  
SO PCT Int. Appl., 44 pp.  
CODEN: PIXXD2  
PY 1996  
1996  
1997  
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2001  
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- L4 ANSWER 7 OF 45 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN  
TI Administration of estradiol metabolites for the treatment or prevention of obesity, metabolic syndrome, diabetes, and vascular and renal disorders.  
AU Jackson, Edwin K. [Inventor]; Tofovic, Stevan P. [Inventor]; Dubey, Raghvendra K. [Inventor]  
AB Methods are provided for preventing or treating risk factors for cardiovascular disease in an individual, comprising administering a therapeutically effective amount of a composition comprising an estradiol metabolite to said individual. Such risk factors include obesity, the metabolic syndrome, diabetes mellitus, vascular disorders, and renal disorders. Preferred estradiol metabolites include 2-methoxyestradiol, 4-methoxyestradiol, 2-hydroxyestradiol, and 4-hydroxyestradiol or prodrugs thereof. The compositions may also be in the form of a controlled release formulation. Methods are also provided for use of estradiol metabolites to treat or prevent insulin resistance, vascular endothelial dysfunction, hyperlipidemia, hypertension, diabetic nephropathy, proteinuria and reducing leptin levels. In addition, the methods provide a method of stabilizing glucose levels. These treatments may be used in either gender because of their lack of a feminizing estrogenic effect.  
SO Official Gazette of the United States Patent and Trademark Office Patents, (FEB 14 2006)  
CODEN: OGUPE7. ISSN: 0098-1133.  
PY 2006
- L4 ANSWER 8 OF 45 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN  
TI Estradiol metabolites attenuate renal and cardiovascular injury induced by chronic angiotensin II administration.  
AU Tofovic, Stevan P. [Reprint Author]; Mady, Hussam; Jackson, Edwin K. [Reprint Author]

SO Journal of the American Society of Nephrology, (November 2003) Vol. 14,  
No. Abstracts Issue, pp. 620A. print.  
Meeting Info.: Meeting of the American Society of Nephrology Renal Week.  
San Diego, CA, USA. November 12-17, 2003. American Society of Nephrology.  
CODEN: JASNEU. ISSN: 1046-6673.  
PY 2003

=> d ti au abs so py 8-20

L4 ANSWER 8 OF 45 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN  
TI Estradiol metabolites attenuate renal and  
cardiovascular injury induced by chronic angiotensin II administration.  
AU Tofovic, Stevan P. [Reprint Author]; Mady, Hussam; Jackson, Edwin K.  
[Reprint Author]  
SO Journal of the American Society of Nephrology, (November 2003) Vol. 14,  
No. Abstracts Issue, pp. 620A. print.  
Meeting Info.: Meeting of the American Society of Nephrology Renal Week.  
San Diego, CA, USA. November 12-17, 2003. American Society of Nephrology.  
CODEN: JASNEU. ISSN: 1046-6673.  
PY 2003

L4 ANSWER 9 OF 45 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN  
TI Renoprotective effects of 2-methoxyestradiol in  
streptozotocin diabetic rats.  
AU Tofovic, Stevan P. [Reprint Author]; Dubey, Raghvendra [Reprint Author];  
Jackson, Edwin K. [Reprint Author]  
SO Journal of the American Society of Nephrology, (November 2003) Vol. 14,  
No. Abstracts Issue, pp. 126A. print.  
Meeting Info.: Meeting of the American Society of Nephrology Renal Week.  
San Diego, CA, USA. November 12-17, 2003. American Society of Nephrology.  
CODEN: JASNEU. ISSN: 1046-6673.  
PY 2003

L4 ANSWER 10 OF 45 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on  
STN  
TI The new angiotherapy.  
AU Fan, Tai-Ping D. [Reprint author]; Kohn, Elise C.  
AB Angiogenesis is a feature in several pathological conditions, including  
cancer, atherosclerosis, rheumatoid arthritis, and diabetic  
neuropathy. In this book, an international team of researchers  
review the recent progress in basic and applied angiogenesis research.  
The book covers key concepts in the physiology and pathophysiology of  
angiogenesis, evaluates the potential of angiotherapy in the management of  
angiogenic disease, discusses angiogenic and antiangiogenic agents in  
development and in clinical trials, and considers the potential of gene  
therapy in the development of angiotherapy. There are six major sections  
in this book that include 30 individually authored chapters. This book is  
useful for those who want to understand the central role of human  
angiogenesis, as well as the new therapeutic methods that are now possible  
because the ability to control vascular development has been achieved.  
SO Fan, Tai-Ping D. [Editor]; Kohn, Elise C. [Editor]. (2002) pp. i-xix,  
1-609. The new angiotherapy. print.  
Publisher: Humana Press Inc., 999 Riverview Drive, Suite 208, Totowa, NJ,  
07512, USA.  
ISBN: 0-89603-464-X (cloth).  
PY 2002

L4 ANSWER 11 OF 45 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on  
STN  
TI Estradiol metabolites attenuate renal injury induced  
by chronic nitric oxide synthase inhibition.  
AU Tofovic, Stevan P. [Reprint author]; Dubey, Raghvendra [Reprint author];  
Jackson, Edwin K. [Reprint author]

SO Journal of the American Society of Nephrology, (September, 2002) Vol. 13, No. Program and Abstracts Issue, pp. 156A. print.  
Meeting Info.: Meeting of the American Society of Nephrology. Philadelphia, PA, USA. October 30-November 04, 2002. American Society of Nephrology.  
CODEN: JASNEU. ISSN: 1046-6673.

PY 2002

L4 ANSWER 12 OF 45 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

TI Renoprotective effects of 2-hydroxyestradiol.

AU Tofovic, Stevan P. [Reprint author]; Dubey, Raghvendra K. [Reprint author]; Bastacky, Sheldon I.; Jackson, Edwin K. [Reprint author]

SO Journal of the American Society of Nephrology, (September, 2001) Vol. 12, No. Program and Abstract Issue, pp. 86A. print.  
Meeting Info.: ASN (American Society of Nephrology)/ISN (International Society of Nephrology) World Congress of Nephrology. San Francisco, CA, USA. October 10-17, 2001.  
CODEN: JASNEU. ISSN: 1046-6673.

PY 2001

L4 ANSWER 13 OF 45 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

TI Etoposides in the treatment of cancer.

AU Larkin J.M.G.; Kaye S.B.

AB Etoposides are cytotoxic macrolides with a similar mechanism of action to paclitaxel but with the potential advantage of activity in taxane-resistant settings in preclinical models. The etoposides ixabepilone, patupilone, BMS-310705, KOS-862 and ZK-EPO are in early clinical trials for cancer treatment. Phase I studies have shown that dose-limiting toxicities of etoposides are generally neurotoxicity and neutropenia although initial studies with patupilone indicated that diarrhoea was dose limiting. Neuropathy induced by ixabepilone may be schedule dependent. Over 20 Phase II studies of etoposides in cancer treatment have been reported, and significant activity in taxane-sensitive tumour types (such as breast, lung and prostate cancers) has been noted. Response rates in taxane-refractory metastatic breast cancer are relatively modest, but ixabepilone and patupilone have shown promising efficacy in hormone-refractory metastatic prostate cancer and in taxane-refractory ovarian cancer. .COPYRG. 2006 Informa UK Ltd.

SO Expert Opinion on Investigational Drugs, (2006) Vol. 15, No. 6, pp. 691-702. .  
Refs: 100  
ISSN: 1354-3784 CODEN: EOIDER

PY 2006

L4 ANSWER 14 OF 45 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

TI Antitubulin agents for the treatment of cancer - A medicinal chemistry update.

AU Mahindroo N.; Liou J.-P.; Chang J.-Y.; Hsieh H.-P.

AB The antitubulin agents taxanes and Vinca alkaloids form the first-line of treatment in clinical oncology for many cancers. The crucial role of microtubules in cell division has made antitubulin agents the focus of research, with sustained efforts to find new agents and to improve the profile of known agents by overcoming multi-drug resistance (MDR) and improving the druggability. The present review updates the medicinal chemistry of antitubulin agents covering the patents and literature published from May 2002 to November 2005. The antitubulin agents have been broadly classified into microtubule-destabilising agents, microtubule-stabilising agents and kinesin-like spindle protein inhibitors. This review provides an insight into the diversity of the chemical classes with antitubulin mechanisms of anticancer activity. .COPYRG. 2006 Informa UK Ltd.

SO Expert Opinion on Therapeutic Patents, (2006) Vol. 16, No. 5, pp. 647-691.  
 Refs: 168  
 ISSN: 1354-3776 CODEN: EOTPEG  
 PY 2006

L4 ANSWER 15 OF 45 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN  
 TI Treatment of multiple myeloma: An emphasis on new developments.  
 AU Kyle R.A.; Rajkumar S.V.  
 AB Not all patients who fulfill the minimal criteria for diagnosis of multiple myeloma should be treated. If doubt exists about beginning therapy, one should wait and re-evaluate the patient in 2 or 3 months. There is no evidence that early treatment of multiple myeloma is advantageous. All patients should be considered possible candidates for an autologous stem cell transplantation. If they are deemed to be eligible, they should be treated for 3 to 4 months with therapy that does not damage the hematopoietic stem cells. Currently, most physicians use thalidomide plus dexamethasone or dexamethasone alone for induction. Vincristine, doxorubicin (Adriamycin), and dexamethasone (VAD) have been used in the past. Autologous stem cell transplantation prolongs disease-free survival and overall survival. The treatment-related mortality rate is 1% to 2%. Melphalan, 200 mg/m<sup>2</sup>, is the most widely used preparative regimen. Although allogeneic transplantation is attractive, the mortality rate (about 20%) is too high to recommend conventional allogeneic transplantation. Non-myeloablative transplantation is currently under investigation. If the patient is not a candidate for autologous stem cell transplantation, therapy with melphalan and prednisone is a good choice. Patients with relapsed or refractory disease may be treated with dexamethasone, thalidomide and dexamethasone, bortezomib (Velcade, PS-341), or lenalidomide (Revlimid, not yet approved by the Food and Drug Administration). .COPYRGT. 2006 Taylor & Francis.

SO Annals of Medicine, (2006) Vol. 38, No. 2, pp. 111-115. .  
 Refs: 23  
 ISSN: 0785-3890 E-ISSN: 1651-2219 CODEN: ANMDEU  
 PY 2006

L4 ANSWER 16 OF 45 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN  
 TI Current status and perspective of antiangiogenic therapy for cancer: Urinary cancer.  
 AU Kanda S.; Miyata Y.; Kanetake H.  
 AB Angiogenesis is considered a prerequisite for solid tumor growth. Antiangiogenic therapy reduces tumor size and extends host survival in a number of preclinical animal models. However, in humans antiangiogenic therapy is a poor promoter of tumor regression and has shown minimal effect on patient survival. In urinary cancers, such as renal cell cancer, prostate cancer, and bladder cancer, advanced refractory disease is a good candidate for antiangiogenic therapy because of its resistance to ordinary chemotherapy, radiotherapy, and hormonal therapy. Unique characteristics of molecular mechanisms underlie the induction of angiogenesis in urinary cancers. In this review, we summarize these unique mechanisms and review the results of clinical trials of antiangiogenic therapy for these cancers, discussing prospects and problems relating to antiangiogenic therapy. .COPYRGT. The Japan Society of Clinical Oncology 2006.

SO International Journal of Clinical Oncology, (2006) Vol. 11, No. 2, pp. 90-107. .  
 Refs: 268  
 ISSN: 1341-9625 CODEN: IJCOF6  
 PY 2006

L4 ANSWER 17 OF 45 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

TI Phase I clinical trial of oral 2-methoxyestradiol, an  
 antiangiogenic and apoptotic agent, in patients with solid tumors.  
 AU Dahut W.L.; Lakhani N.J.; Gulley J.L.; Arlen P.M.; Kohn E.C.; Kotz H.;  
 McNally D.; Pair A.; Nguyen D.; Yang S.X.; Steinberg S.M.; Venitz J.;  
 Sparreboom A.; Figg W.D.  
 AB Purpose: To determine the maximum-tolerated dose (MTD) and toxicity  
 profile of the novel anticancer agent, 2-  
 methoxyestradiol (2ME2) administered orally, in patients with  
 solid tumors. Materials and methods: Twenty patients with refractory  
 solid tumors were enrolled. 2ME2 was given orally starting at 400 mg bid  
 with dose escalation until 3000 mg bid. Tumor biopsies were taken before  
 and after starting the drug to assess for microvessel density by CD 31 and  
 cell proliferation by Ki67 immunohistochemistry. Serial plasma samples  
 collected up to 50 hours after first single oral dose for characterization  
 of pharmacokinetics, were analyzed using liquid chromatography tandem  
 mass-spectrometry. Results: Eleven men and nine women received 2ME2 at  
 dose levels of 400 mg bid (n = 3), 800 mg bid (n = 3), 1600 mg bid (n =  
 6), 2200 mg bid (n = 5) and 3000 mg bid (n = 3). There were no dose  
 limiting toxicities, therefore the MTD was not defined. There was one  
 episode of grade 4 angioedema in the 1600 mg bid dose level 38 days into  
 2ME2 treatment. Other toxicities were mild to moderate. A patient with  
 clear cell carcinoma of the ovary had a partial response at 1600 mg bid  
 dose level lasting over three years. Conclusion: MTD for 2ME2 was not  
 reached at dose of 3000 mg bid. The trial was closed due to extremely low  
 plasma concentrations of 2ME2 relative to the doses administered. 2ME2  
 treatment had no effect on microvessel density (CD31 immunostaining) and  
 cell proliferation (Ki-67 immunostaining). A new formulation of 2ME2 with  
 improved bioavailability is currently being developed. .COPYRGT.2005  
 Landes Bioscience.  
 SO Cancer Biology and Therapy, (2006) Vol. 5, No. 1, pp. 22-27. .  
 Refs: 32  
 ISSN: 1538-4047 E-ISSN: 1555-8576  
 PY 2006  
 L4 ANSWER 18 OF 45 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights  
 reserved on STN  
 TI Use of angiogenesis inhibitors in tumour treatment.  
 AU Fayette J.; Soria J.-C.; Armand J.-P.  
 AB Advances in molecular biology have permitted the characterisation of  
 mechanisms underlying angiogenesis. Angiogenesis is a crucial process in  
 tumour pathogenesis as it sustains malignant cells with nutrients and  
 oxygen. It is well known that tumour cells secrete various growth factors  
 including VEGF, which triggers endothelial cells to form new capillaries.  
 Preventing the expansion of new blood vessel networks results in reduced  
 tumour size and metastases. Not surprisingly, numerous drugs that are  
 currently under clinical development interfere with growth factor-derived  
 angiogenic signals. This review aims to describe angiogenesis inhibitors  
 and surveys their different modes of action. .COPYRGT. 2005 Elsevier Ltd.  
 All rights reserved.  
 SO European Journal of Cancer, (2005) Vol. 41, No. 8, pp. 1109-1116. .  
 Refs: 53  
 ISSN: 0959-8049 CODEN: EJCAEL  
 PY 2005  
 L4 ANSWER 19 OF 45 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights  
 reserved on STN  
 TI Fifth International Prostate Cancer Congress. 1-3 July 2005, Rio Grande,  
 Puerto Rico.  
 AU Slovin S.F.  
 AB This is an extraordinary time for the treatment of localized and  
 metastatic prostate cancer as manifested by the multi-disciplinary and  
 multi-modality approaches being incorporated into standard technologies.  
 While this is merely a highlight of the current state-of-the-art  
 processes, and does not reflect the importance of any one approach as



being superior to the next, the information shared at this meeting will continue to provide a platform, which will establish more diverse treatments. This will not only impact on the disease itself, but may help delay time-to-radiographic progression and improve overall survival.  
.COPYRGT. The Thomson Corporation.

SO IDrugs, (2005) Vol. 8, No. 9, pp. 710-712. .  
ISSN: 1369-7056 CODEN: IDRUFN  
PY 2005

L4 ANSWER 20 OF 45 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

TI Angiogenesis: A curse or cure?.

AU Gupta K.; Zhang J.

AB Angiogenesis, the growth of new blood vessels is essential during fetal development, female reproductive cycle, and tissue repair. In contrast, uncontrolled angiogenesis promotes the neoplastic disease and retinopathies, while inadequate angiogenesis can lead to coronary artery disease. A balance between pro-angiogenic and antiangiogenic growth factors and cytokines tightly controls angiogenesis. Considerable progress has been made in identifying these molecular components to develop angiogenesis based treatments. One of the most specific and critical regulators of angiogenesis is vascular endothelial growth factor (VEGF), which regulates endothelial proliferation, permeability, and survival. Several VEGF based treatments including anti-VEGF and anti-VEGF receptor antibodies/agents are in clinical trials along with several other antiangiogenic treatments. While bevacizumab (anti-VEGF antibody) has been approved for clinical use in colorectal cancer, the side effects of antiangiogenic treatment still remain a challenge. The pros and cons of angiogenesis based treatment are discussed.

SO Postgraduate Medical Journal, (2005) Vol. 81, No. 954, pp. 236-242. .  
Refs: 61

ISSN: 0032-5473 CODEN: PGMJAO  
PY 2005

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(FILE 'HOME' ENTERED AT 15:35:26 ON 08 SEP 2006)

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L1 349451 S NEPHROTOXICITY OR NEUROPATHY OR PROTEINURIA OR GLOMERULAR(W)F  
L2 4559 S ESTRADIOL(W)METABOLITE OR 2-HYDROXYESTRADIOL OR 2-METHOXYESTR  
L3 51 S L1 AND L2  
L4 45 DUPLICATE REMOVE L3 (6 DUPLICATES REMOVED)

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